

# CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

WALTER M. DICKIE, M.D., Director

## Weekly Bulletin

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EDITOR

## *Immigration and Communicable Diseases\**

J. C. PERRY, Senior Surgeon, U. S. P. H. S.

The subject immigration and communicable diseases and the federal regulations pertaining to their control may be discussed in relation to arriving aliens, and other persons who may arrive suffering from such diseases that are amenable to the quarantine regulations.

In the beginning, let me say that the federal government can not be very active in the actual administrative control of these diseases except in international and interstate intercourse. Other work in this field is done in cooperation with state and local boards of health without encroachment on their functions.

The federal regulations applicable to communicable diseases are embraced under two divisions: The prevention of the introduction of such diseases from foreign countries, and secondly, the prevention of the spread of diseases from one state to another. The former regulations are the Immigration and Foreign Quarantine Regulations, and the latter are embraced by the Interstate Quarantine Regulations.

Those communicable diseases in arriving aliens that debar the individual either definitely or until treated and cured before being allowed to land, are trachoma, ringworm, favus, tuberculosis and venereal diseases. All these diseases are cause for rejection and return of the affected alien. Tuberculosis definitely rejects the individual but the other diseases may be allowed treatment under authority of the proper immigration

officials, although the great majority of the aliens having these diseases are rejected and returned to the country from which they came. In event treatment is granted, the public health officers must certify the disease has been cured before favorable action is taken on the alien's entrance.

If immigration is intended to include the arrivals other than aliens from foreign countries, certain communicable diseases become amenable to the quarantine regulations. The major quarantinable diseases are plague, cholera, yellow fever, typhus fever, smallpox and leprosy. During the present year epidemic meningitis has been added.

The regulations enforced are those at port of departure, those to be observed on ship board, and the inspection and quarantine treatment at ports of arrival.

Medical officers of the service are stationed at American consulates abroad for the purpose of examining aliens at port of embarkation and for the enforcement of prescribed quarantine regulations. Any alien found suffering from the diseases specified is rejected and refused permission to embark for United States ports.

Likewise in the quarantinable diseases proper precautions are taken at port of embarkation. These measures include detention in suitable barracks for a prescribed number of days—5 in case of cholera, and 14 days when measures are directed against epidemic meningitis, with culture of passengers and crews for detention of carriers and so forth—in the

\* Read at Annual Conference of California Health Officers' League of California Municipalities, Health Officers' Section, Oakland, October 8, 1928.



case of smallpox, vaccination is enforced and in ports infected with plague or yellow fever, measures are directed against the transmitting insects or rodents gaining access to the ship.

Time will not permit of more than this brief sketch, and only one example will be given in more detail—that is the regulations recently promulgated for the control of meningitis.

The regulations directed against meningitis at the ports of departure consist of the examination of all steerage passengers within three days prior to embarkation for the purpose of determining if any are carriers of the meningococcus. There is also a reduction in the number of steerage passengers allowed to obviate crowding aboard vessels. A careful inspection is made of passengers at the time of embarkation for the purpose of determining if any are suffering with fever of undetermined nature or other diseases which might be indicative of meningitis. Such persons and those proved to be carriers are refused sailing.

The measures to be carried out on board the vessel during the voyage are of marked importance. They are briefly as follows:

(a) Steerage passengers embarked at each port shall be maintained respectively in noncommunicating groups:

(b) Separate mess gear shall be used for each group, and shall be sterilized in an approved manner after each use. The use of common drinking cups and common towels is prohibited;

(c) Medical inspection shall be made twice daily en route by the ship's doctor, who shall immediately isolate in the ship's hospital or other suitable quarters any persons suspected of having a communicable disease;

(d) All measures practicable shall be taken on board to reduce individual contacts to a minimum, and especial attention shall be given to avoiding chilling exposure and to providing ample ventilation.

Upon arrival the protective measures consist of careful inspection and the treatment indicated—in the case of meningitis, the isolation of the sick, the culturing of all contacts for carriers and the detention of contacts for 14 days; reculturing of those detained prior to release.

At Mexican border stations, arrivals are vaccinated against smallpox, careful inspection is made for cases of typhus fever, and at stations through which Mexican immigrants from the plateau region pass, disinfection plants are in operation for delousing all persons infested with these insects. This includes bathing, treatment of head for head lice and the

treatment of clothing either with steam or heat for destroying vermin.

Such communicable diseases as scarlet fever, diphtheria, influenza and whooping cough are not quarantinable, but in event cases of these diseases exist on board vessels upon arrival, the local health officer is notified and the cases are held on board for his disposition.

The section main function of the service in the control of communicable diseases is the prevention of the spread of diseases from one state to another. This is accomplished by the provisions of the Interstate Quarantine Acts. Definite regulations for controlling the interstate travel of persons affected with quarantinable or communicable diseases have been promulgated for the guidance of transportation companies. Only a few of the major quarantinable diseases are refused travel and the majority suffering from communicable diseases can travel with comfort to themselves and under proper safeguards to prevent the spread of infection to others.

Other activities under the provisions of the Interstate Law are: Sanitation in National Parks; certification of water used on common carriers in interstate travel; investigations of diseases of man—tularemia, Rocky Mountain spotted fever, etc., supervision and control of biologic products, standard units furnished, inspections and checking of products. Cooperation with state and local boards of health: 1—aid in establishing health units; 2—aid in suppression and eradication of communicable diseases, as plague, meningitis, etc.

In conclusion, let me say that the service has been actuated by the very sane idea that the control of disease in a community is primarily the responsibility of the health agencies in that area and the function of the federal service is to prevent the introduction of diseases from other countries and localities, and at the same time render such assistance in local control measures that may be desired and are permissible.

#### EXAMINATION FOR LABORATORY WORKERS ANNOUNCED

The next examinations for laboratory certificate of proficiency will be held in Los Angeles in the rooms of the County Civil Service Commission at 9 a.m., Thursday, November 21st, and at the State Bacteriological Laboratory, Hygiene-Pathology Building, University of California Campus, Berkeley, at 9 a.m., Saturday, November 23d. Individuals who desire to take this examination should write immediately to Dr. W. H. Kellogg, Chief, State Bacteriological Laboratory, Berkeley, for application blanks.



**VENTURA HEALTH NURSES FORM COUNCIL**

To unify the health activities within the county and to promote a constructive health education campaign, the school nurses of Ventura County met for the purpose of organizing the Ventura County Public Health Council, in the annex of the courthouse October 12.

The council, created for the purpose of educational and health uniformity, will meet every month with Mrs. Blanche T. Reynolds, County Superintendent of Schools, and Dr. J. A. King, County Health Officer, acting as executives, and for the coming four weeks, as an advisory board.

Quarantine periods for prevalent diseases, reporting communicable diseases, and other questions of similar interest to the group were subjects of discussion.

The members are: Mrs. Juanita O'Reilly, Oxnard school nurse; Miss Florence Switzer, county tuberculosis nurse; Mrs. Hazel Hopkins, Avenue school nurse; Miss Gladys Burkes, Ventura school nurse; Mrs. Caroline Howard, Santa Paula community nurse; Mrs. Isabel Pieri, Ojai school nurse; Miss Hester Mackey, Briggs-Saticoy school nurse; Miss Marie Horrocks, El Rio-Mill-Montalvo-Del Norte school nurse; Mrs. Grace Mullin, Camarillo-Somis-Hueneme school nurse; Miss Olivia Gilfillan, county health nurse; Dr. King and Mrs. Reynolds.

The necessity of wise leadership selected by democratic processes becomes a paramount need. The day of the expert is here. The man who knows must be recognized and used. The universities are training experts in various fields. Their knowledge must serve the common cause. They must not only know their business but they must view themselves as contributors to humanitarianism and as members of the great team of the human family. The simple days are gone. Our social machine is now complex, complicated, and full of a myriad of essential details. It can go wrong in a multitude of ways, but it can be made to go right if each does his share. Education is a method of binding the new to the old and of harmonizing science and democracy. A people must know just as an individual must know the facts to be safe in a world of harsh reality. The great experiment is on. Modern civilization is building a world structure interlocked economically and with all kinds of interrelations and intercommunications. Human beings are sensing their part in a world citizenship.

—Ray Lyman Wilbur.

A sick individual, community, town or city behaves in general the same way.

**OAKLAND'S HOSPITALITY ACKNOWLEDGED**

The hospitality of Oakland was recognized and acknowledged by the Health Officers' Section of the League of California Municipalities in the following resolutions:

WHEREAS, The hospitality of the city of Oakland has made the 1929 Convention of the Health Officers' Section of the League of California Municipalities a particularly enjoyable occasion; and

WHEREAS, The provision of carefully planned and well executed arrangements by its convention manager, Hon. Frank C. Merritt, have contributed greatly to the success of the health officers' meeting; therefore be it

*Resolved*, That the thanks of the Health Officers' Section be extended to the city of Oakland and to Hon. Frank C. Merritt, and that copies of this resolution be sent to him and to the Mayor of Oakland.

**HEALTH OFFICERS HONOR SURGEON PERRY**

The Health Officers' Section of the League of Municipalities passed the following resolution at its annual meeting held in Oakland, October 7-11, 1929:

WHEREAS, Surgeon J. C. Perry, through his long service in the government and through his skill and knowledge in preventive medicine, has made himself particularly valuable to the health officers of California; and

WHEREAS, Through his presence at the 1929 Convention of the Health Officers' Section of the League of California Municipalities, he has made his services of even greater value to the health officers of the state; therefore be it

*Resolved*, That the thanks of this body be extended to Surgeon Perry and that copies of this resolution be sent to him and to the Surgeon General of the United States Public Health at Washington.

**DR. FORTIER APPOINTED TO MONTEREY COUNTY**

Dr. R. M. Fortier has been appointed Health Officer of Monterey County to succeed Dr. Wiley Reeves. Dr. Reeves has been serving as County Health Officer, temporarily, since Dr. R. C. Main left that position to become Health Officer of Santa Barbara County. Dr. Fortier's appointment took effect October 10.

Personal hygiene is largely a matter of purposeful and intelligent cleanliness.—Walter Frank Cobb, in Graded Outlines in Hygiene.



**MORBIDITY\*****Diphtheria.**

52 cases of diphtheria have been reported, as follows: Hayward 1, Oakland 7, El Centro 1, Los Angeles County 4, Culver City 1, Huntington Park 1, Los Angeles 15, Pasadena 1, Santa Monica 1, South Pasadena 1, Bell 1, Monterey County 1, Orange County 1, Santa Ana 1, Colfax 1, Banning 1, Sacramento County 1, Sacramento 1, Needles 1, San Diego 2, San Francisco 4, San Joaquin County 2, Palo Alto 1, Sonoma County 1.

**Scarlet Fever.**

137 cases of scarlet fever have been reported, as follows: Oakland 8, Contra Costa County 3, Fresno County 3, Fresno 1, Humboldt County 1, Kern County 2, Los Angeles County 5, Glendale 3, Inglewood 2, Long Beach 1, Los Angeles 13, Santa Monica 3, Whittier 4, Torrance 1, Hawthorne 2, Merced 1, Modoc County 2, Monterey County 12, Orange County 1, Santa Ana 1, Colfax 1, Sacramento County 1, Sacramento 6, San Francisco 9, San Joaquin County 7, Lodi 2, Stockton 13, San Mateo County 2, San Jose 1, Santa Cruz 1, Siskiyou County 21, Dunsmuir 2, Tuolumne County 1, Ventura 1.

**Smallpox.**

16 cases of smallpox have been reported, as follows: Kern County 1, Pomona 1, Colfax 1, San Francisco 8, San Luis Obispo County 2, Arroyo Grande 1, Santa Clara County 2.

**Measles.**

41 cases of measles have been reported, as follows: Oakland 5, Los Angeles County 1, Alhambra 1, Inglewood 2, Los

Angeles 4, Pasadena 1, Pomona 1, Merced 1, Pacific Grove 1, San Diego 1, San Francisco 21, Stockton 1, San Bruno 1.

**Whooping Cough.**

108 cases of whooping cough have been reported, as follows: Alameda 2, Berkeley 5, Oakland 5, Contra Costa County 1, Fresno 1, Los Angeles County 8, Glendale 6, Inglewood 2, Los Angeles 21, Pomona 3, Santa Monica 1, Whittier 1, Orange County 5, Anaheim 12, Huntington Beach 4, Riverside County 1, Sacramento 2, San Diego 5, San Francisco 10, San Joaquin County 4, Stockton 4, Gilroy 1, Benicia 1, Visalia 3.

**Meningitis (Epidemic).**

4 cases of epidemic meningitis have been reported, as follows: Fresno County 1, Glendale 1, San Francisco 1, California 1.\*\*

**Poliomyelitis.**

4 cases of poliomyelitis have been reported, as follows: Fresno County 1, Los Angeles 3.

**Typhoid Fever.**

15 cases of typhoid fever have been reported, as follows: Eureka 1, Kern County 1, Los Angeles 1, Merced County 1, Sacramento County 1, Santa Clara County 5, Modesto 1, Tuolumne County 1, Ventura 1, California 2.\*\*

**Food Poisoning.**

Santa Ana reported one case of food poisoning.

**Undulant Fever.**

3 cases of undulant fever have been reported, as follows: Kern County 1, Los Angeles 1, Needles 1.

\*\* Cases charged to "California" represent patients ill before entering the state or those who contracted their illness traveling about the state throughout the incubation period of the disease. These cases are not chargeable to any one locality.

\* From reports received October 14th and 15th, for the week ending October 12th.

**COMMUNICABLE DISEASE REPORTS**

Disease	1929				1928			
	Week ending			Reports for week ending Oct. 12 received by Oct. 15	Week ending			Reports for week ending Oct. 13 received by Oct. 16
	Sept. 21	Sept. 28	Oct. 5		Sept. 22	Sept. 29	Oct. 6	
Anthrax.....	0	3	0	0	0	0	0	0
Chickenpox.....	90	80	114	101	82	81	93	72
Coccidioid Granuloma.....	0	0	0	0	1	0	3	1
Diphtheria.....	38	43	42	52	68	72	69	66
Dysentery (Amoebic).....	0	0	1	0	1	2	0	0
Dysentery (Bacillary).....	1	1	1	1	0	4	0	0
Encephalitis (Epidemic).....	2	1	0	1	2	5	0	0
Erysipelas.....	9	19	8	8	5	10	5	0
Food Poisoning.....	1	3	24	1	2	3	2	0
German Measles.....	5	8	9	6	12	15	10	4
Gonococcus Infection.....	114	146	89	126	110	140	134	78
Influenza.....	11	21	24	26	22	23	27	34
Jaundice (Epidemic).....	0	0	0	0	0	2	1	0
Leprosy.....	0	1	0	0	0	0	0	1
Malaria.....	2	1	4	2	1	4	3	1
Measles.....	32	22	44	41	14	35	19	11
Meningitis (Epidemic).....	6	7	8	4	1	7	3	4
Mumps.....	171	222	195	192	93	100	136	92
Ophthalmia Neonatorum.....	0	0	0	0	0	1	0	0
Paratyphoid Fever.....	0	0	0	1	0	1	0	0
Pellagra.....	2	3	0	1	1	3	1	0
Pneumonia (Lobar).....	27	25	26	43	36	99	27	28
Poliomyelitis.....	6	6	1	4	6	5	6	2
Rabies (Animal).....	18	15	16	14	14	15	17	11
Scarlet Fever.....	75	101	76	137	88	88	100	93
Smallpox.....	26	28	18	16	22	26	20	31
Syphilis.....	86	176	151	142	151	105	143	150
Tetanus.....	1	1	0	1	2	5	0	2
Trachoma.....	1	1	12	6	5	2	2	160
Trichinosis.....	0	0	0	0	1	0	0	0
Tularemia.....	0	0	0	0	2	4	0	0
Tuberculosis.....	154	172	178	177	175	220	189	185
Typhoid Fever.....	8	6	13	15	21	32	20	14
Undulant Fever.....	2	1	5	3	2	1	0	0
Whooping Cough.....	121	93	116	108	208	166	161	125
Totals.....	1,009	1,206	1,175	1,229	1,148	1,191	1,276	1,165

Diphtheria shows a slight increase.

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Whooping cough continues at a high level.

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Smallpox fell off slightly last week.

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Scarlet fever, last week, almost doubled in number of reported cases.